

COPY

CALIFORNIA  
FORM 410

For Official Use Only

Statement of Organization  
Recipient Committee

Statement Type

☒ InitialNot yet qualified ☒ or☐ Amendment

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date qualified as committee\_\_\_\_\_  
Date qualified as committee  
(If applicable)☐ Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date of TerminationRECEIVED  
CITY CLERK  
LONG BEACH, CA  
13 JUL 25 AM 10:11

## 1. Committee Information

NAME OF COMMITTEE

Kemp for Council 2014

STREET ADDRESS (NO P.O. BOX)

c/o Calif. Political Law, Inc. 3605 Long Beach Blvd., Suite 426

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Long Beach

CA 90807

(562)427-2100

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

info@capoliticalaw.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Los Angeles

City of Long Beach

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Carl Kemp

STREET ADDRESS (NO P.O. BOX)

c/o Calif. Political Law, Inc. 3605 Long Beach Blvd., Suite 426

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Long Beach

CA 90807

(562)427-2100

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

## 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

7/22/13  
DATE

By

\_\_\_\_\_  
SURER OR ASSISTANT TREASURER

Executed on

7/22/13  
DATE

By

\_\_\_\_\_  
OLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Dec/2012)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
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COMMITTEE NAME

Kemp for Council 2014

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Torrey Pines Bank	(213)362-5200	no account yet	
ADDRESS	CITY	STATE	ZIP CODE
601 West Fifth Street, Ste. 100	Los Angeles	CA	90071

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Carl Kemp	Long Beach Council District 5	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>